

# EXHIBIT 3



## Prescription Order Form

697 Waverly Street, Framingham MA 01702  
 800.994.6322, 508.820.0606.  
 FAX 888.820.0583 or 508.820.1616

DATE: 8-1-12

NAME OF

FACILITY: BKC Pain Specialists, LLC PHONE NUMBER: (740) 387-7246ADDRESS: 105 Delaware Ave. Wadsworth, OH 43302CONTACT NAME: Lindsey

P.O. #: \_\_\_\_\_

We must have Facility name &amp; address to process your prescription order - Thank you.

Name of Patient	Name of medication to be compounded	Strength (% , mg/ml, u/ml)	If preservative-free, write in p/f	Unit size (mL, gm...)	# of units	Directions
See Attached List	Methylprednisone Acetate	80mg/mL	P/F	5mL	40	

Physician's Name/Signature: Nikesh BatraDEA Number: BBT730953

## For NECC Use Only

Verification: Institutional Agent: \_\_\_\_\_ NECC Agent: \_\_\_\_\_ QB: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

V102309



New England Compounding Center, Inc.  
 PO Box 4146  
 Woburn, MA 01888-4146  
 Ph. 508-820-0606  
 Fx. 508-820-1616

# Invoice

Date	Invoice #
8/1/2012	224249

Bill To
BKC PAIN SPECIALISTS, LLC 1065 DELAWARE AVENUE SUITE A MARION, OH 43302 ATTN: RHONDA BYERLY

Ship To
BKC PAIN SPECIALISTS, LLC 1065 DELAWARE AVENUE SUITE A MARION, OH 43302 ATTN: LINDSEY

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Account#
	Net 30	JK	8/1/2012	FEDEX		
Quantity	Item Code	Description			Price Each	Amount
40	METHYL 80/5 PF	METHYLPREDNISOLONE ACETATE (PF) 80 MG/ML INJECTABLE, 5ML			20.00	800.00
1	Shipping Charges				20.00	20.00
THANK YOU FOR YOUR ORDER!!!					Total	\$820.00
***PLEASE PLACE INVOICE NUMBER ON PAYMENT***					Credits	\$0.00
					Balance Due	\$820.00



New England Compounding Center, Inc.  
 PO Box 4146  
 Woburn, MA 01888-4146  
 Ph. 508-820-0606  
 Fx. 508-820-1616

## Packing Slip

Date	Invoice #
8/1/2012	224249

Ship To
BKC PAIN SPECIALISTS, LLC 1065 DELAWARE AVENUE SUITE A MARION, OH 43302 ATTN: LINDSEY

P.O. No.	Ship	Via	FOB	Project
	8/1/2012	FEDEX		
Quantity	Item Code	Description		
40	METHYL 80/5 PF	METHYLPREDNISOLONE ACETATE (PF) 80 MG/ML INJECTABLE, 5ML		
1	Shipping Charges			

!!!THANK YOU FOR YOUR ORDER!!!

\*\*\*PLEASE PLACE INVOICE NUMBER ON PAYMENT\*\*\*

0900904900

P.01/01

## TRANSACTION REPORT

AUG/01/2012/WED 08:18 AM

AX(TX)

#	DATE	START T.	RECEIVER	CON.TIME	PAGE	TYPE/NOTE	FILE
	AUG/01	08:16AM	18888200583	0:02:42	4	MEMORY OK	ECM 8732

697 Waverly Street, Framingham MA 01702  
800.994.6322, 508.820.0606.  
FAX 888.820.0583 or 508.820.1616

DATE: 9-12-12

NAME OF FACILITY: BKC Pain Specialists, LLC PHONE NUMBER: (740) 387-7246

ADDRESS: 1005 Delaware Ave. Haverhill, Off. 43302 CONTACT NAME: Lindsey P.O. #: \_\_\_\_\_

We must have Facility name & address to process your prescription order - Thank you.

[illegible]

Physician's Name/Signature: Nikesh Batra DEA Number: B87730953

For NECC Use Only

Verification: Institutional Agent: \_\_\_\_\_ NECC Agent: \_\_\_\_\_ QB: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

V102309





New England Compounding Center, Inc.  
 PO Box 4146  
 Woburn, MA 01888-4146  
 Ph. 508-820-0606  
 Fx. 508-820-1616

# Invoice

Date	Invoice #
9/12/2012	228909

<b>Bill To</b>
BKC PAIN SPECIALISTS, LLC 1065 DELAWARE AVENUE SUITE A MARION, OH 43302 ATTN: BOBBI JO LINES

<b>Ship To</b>
BKC PAIN SPECIALISTS, LLC 1065 DELAWARE AVENUE SUITE A MARION, OH 43302 ATTN: LINDSEY

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Account#
	Net 30	JK	9/12/2012	FEDEX		
Quantity	Item Code	Description			Price Each	Amount
40	METHYL 80/5 PF	METHYLPREDNISOLONE ACETATE (PF) 80 MG/ML INJECTABLE, 5ML			20.00	800.00
1	Shipping Charges				25.00	25.00
THANK YOU FOR YOUR ORDER!!!					Total	\$825.00
***PLEASE PLACE INVOICE NUMBER ON PAYMENT***					Credits	\$0.00
					Balance Due	\$825.00



New England Compounding Center, Inc.  
 PO Box 4146  
 Woburn, MA 01888-4146  
 Ph. 508-820-0606  
 Fx. 508-820-1616

## Packing Slip

Date	Invoice #
9/12/2012	228909

Ship To
BKC PAIN SPECIALISTS, LLC 1065 DELAWARE AVENUE SUITE A MARION, OH 43302 ATTN: LINDSEY

P.O. No.		Ship	Via	FOB	Project
		9/12/2012	FEDEX		
Quantity	Item Code	Description			
40	METHYL 80/5 PF	METHYLPREDNISOLONE ACETATE (PF) 80 MG/ML INJECTABLE, 5ML			
1	Shipping Charges				

!!!THANK YOU FOR YOUR ORDER!!!

\*\*\*PLEASE PLACE INVOICE NUMBER ON PAYMENT\*\*\*



0900904900

P.01/01

## TRANSACTION REPORT

SEP/12/2012/WED 08:29 AM

FAX(TX)

#	DATE	START T.	RECEIVER	COM.TIME	PAGE	TYPE/NOTE	FILE
	SEP/12	08:28AM	18888200583	0:01:04	4	MEMORY OK	363 9768

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## PROCEDURE LOG

PHYSICIAN,

**DATE:** \_\_\_\_\_

[illegible]

1. Dr. Batra
2. Dr. Katabay
3. Dr. Chowdhury
4. Lindsey Lovett
5. Kellie Jo Bell

6. Jennifer Landon  
7. Rhonda Byerly  
8. Tim Thacker, CRNA  
9. \_\_\_\_\_  
10. \_\_\_\_\_

## PROCEDURE LOG

-PHYSICIAN

DATE:

[illegible]

1. Dr. Batra
2. Dr. Katabay
3. Dr. Chowdhury
4. Lindsey Lovett
5. Kellie Jo Bell

6. Jennifer Landon
7. Rhonda Byerly
8. Tim Thacker, CRNA

9. \_\_\_\_\_  
10. \_\_\_\_\_

0900904900

P.01/01

## TRANSACTION REPORT

JUL/22/2011/FRI 12:44 PM

FAX(TX)

#	DATE	START T.	RECEIVER	CON.TIME	PAGE	TYPE/NOTE	FILE
1	JUL/22	12:43PM	18888200583	0:00:58	4	MEMORY DX	SG3 0074



New England Compounding Center, Inc.  
PO Box 4146  
Woburn, MA 01888-4146  
Ph. 508-820-0608  
Fx. 508-820-1616

07/26/2011

SALE

Total: \$1,050.00

Mastercard

Exp. Date:

Name:

REDACTED

xx / xx

BKC PAIN SPECIALISTS, LLC

Auth. Code:

Trans. ID:

016240

MC0074302950

QuickBooks Trans. No:

Merchant No.:

5247710000930545

Thank you for your business

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BESSIE

BKC-00018



New England Compounding Center, Inc.  
 PO Box 4146  
 Woburn, MA 01888-4146  
 Ph. 508-820-0606  
 Fx. 508-820-1616

## Packing Slip

Date	Invoice #
7/26/2011	184816

Ship To
BKC PAIN SPECIALISTS, LLC 1065 DELAWARE AVENUE SUITE A MARION, OH 43302 ATTN: LINDSEY

P.O. No.	Ship	Via	FOB	Project
	7/26/2011	FEDEX		
Quantity	Item Code	Description		
40	METHYL 80/5 PF	METHYLPREDNISOLONE ACETATE (PF) 80 MG/ML INJECTABLE, 5ML BETAMETHASONE SOD. PHOS. (PF) 6MG/ML 5ML		
10	BETAS.P. 6/5 PF			
1	Shipping Charges			

THANK YOU FOR YOUR ORDER!!!

\*\*\*PLEASE PLACE INVOICE NUMBER ON PAYMENT\*\*\*





New England Compounding Center, Inc.  
PO Box 4146  
Woburn, MA 01888-4146  
Ph. 508-820-0606  
Fx. 508-820-1616

# Invoice

Date	Invoice #
7/26/2011	184816

<b>Bill To</b>
BKC PAIN SPECIALISTS, LLC 1065 DELAWARE AVENUE SUITE A MARION, OH 43302 ATTN: RHONDA BYERLY

<b>Ship To</b>
BKC PAIN SPECIALISTS, LLC 1065 DELAWARE AVENUE SUITE A MARION, OH 43302 ATTN: LINDSEY

P.O. Number	Terms	Rep	Shlp	Via	F.O.B.	Account#
	Net 30	JK	7/26/2011	FEDEX		
Quantity	Item Code	Description	Price Each	Amount		
40	METHYL 80/5 PF	METHYLPREDNISOLONE ACETATE (PF) 80	20.00	800.00		
10	BETAS.P. 6/5 PF	MG/ML INJECTABLE, 5ML	23.00	230.00		
1	Shipping Charges	BETAMETHASONE SOD. PHOS. (PF) 6MG/ML 5ML	20.00	20.00		
!!!THANK YOU FOR YOUR ORDER!!!			Total	\$1,050.00		
***PLEASE PLACE INVOICE NUMBER ON PAYMENT***			Credits	\$-1,050.00		
			Balance Due	\$0.00		







## PROCEDURE LOG

-PHYSICIAN

DATE: \_\_\_\_\_

[illegible]

1. Dr. Batra
2. Dr. Katabay
3. Dr. Chowdhury
4. Lindsey Lovett
5. Kellie Jo Bell

6. Jennifer Landon
7. Rhonda Byerly
8. Tim Thacker, CRNA
9. \_\_\_\_\_
10. \_\_\_\_\_

New England Compounding Center, Inc.  
PO Box 4148  
Weburn, MA 01888-4148  
Ph. 508-820-0808  
Fx. 508-820-1816

11/15/2011

SALE

Total: \$820.00

Mastercard

REDACTED

Exp. Date:

xx / xx

Name:

BKC PAIN SPECIALISTS,LLC

Auth. Code:

415193

QuickBooks Trans. No:

Trans. ID:

MA0112611180

Merchant No.:

5247710000930546

Thank you for your business



ORIGINAL

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New England Compounding Center, Inc.  
PO Box 4146  
Woburn, MA 01888-4146  
Ph. 508-820-0606  
Fx. 508-820-1616

# Invoice

Date	Invoice #
11/15/2011	195732

Bill To
BKC PAIN SPECIALISTS, LLC 1065 DELAWARE AVENUE SUITE A MARION, OH 43302 ATTN: RHONDA BYERLY

Ship To
BKC PAIN SPECIALISTS, LLC 1065 DELAWARE AVENUE SUITE A MARION, OH 43302 ATTN: LINDSEY

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Account#
	Net 30	JK	11/15/2011	FEDEX		
Quantity	Item Code	Description			Price Each	Amount
40	METHYL 80/5 PF	METHYLPREDNISOLONE ACETATE (PF) 80 MG/ML INJECTABLE, 5ML			20.00	800.00
1	Shipping Charges				20.00	20.00
THANK YOU FOR YOUR ORDER!!!					Total	\$820.00
***PLEASE PLACE INVOICE NUMBER ON PAYMENT***					Credits	\$-820.00
					Balance Due	\$0.00



ORIGINAL



New England Compounding Center, Inc.  
 PO Box 4146  
 Woburn, MA 01888-4146  
 Ph. 508-820-0606  
 Fx. 508-820-1616

## Packing Slip

Date	Invoice #
11/15/2011	195732

Ship To
BKC PAIN SPECIALISTS, LLC 1065 DELAWARE AVENUE SUITE A MARION, OH 43302 ATTN: LINDSEY

		P.O. No.	Ship	Via	FOB	Project
			11/15/2011	FEDEX		
Quantity	Item Code	Description				
40 1	METHYL 80/5 PF Shipping Charges	METHYLPREDNISOLONE ACETATE (PF) 80 MG/ML INJECTABLE, 5ML				

THANK YOU FOR YOUR ORDER!!!

\*\*\*PLEASE PLACE INVOICE NUMBER ON PAYMENT\*\*\*





## Prescription Order Form

DATE: 11-14-11

697 Waverly Street, Framingham MA 01702

800.994.6322, 508.820.0606.

FAX 888.820.0583 or 508.820.1616

NAME OF

FACILITY: BKC Pain Specialists LLC.PHONE NUMBER: (740) 387-7246ADDRESS: 1005 Delaware Ave. Ste. A North, OH. 43302 P.O. #:

We must have Facility name &amp; address to process your prescription order - Thank you.

Name of Patient	Name of medication to be compounded	Strength (% mg/ml, u/ml)	If preservative-free, write in p/f	Vial size (mL)	# of vials	Sig.
See Attached List	Methylprednisone Acetate	80mg/mL	P/F	5mL	40	

Physician's Name/Signature: Nikesh Batra, MDDEA Number: BB7730953

Verification: Institutional Agent: \_\_\_\_\_ NECC Agent: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

V113006

New England Compounding Center, Inc.  
PO Box 4148  
Woburn, MA 01888-4148  
Ph. 508-820-0806  
Fx. 508-820-1616

02/06/2012

SALE

Total: \$820.00

Mastercard  
Exp. Date:  
Name:

REDACTED

xx / xx  
BKC PAIN SPECIALISTS, LLC

Auth. Code:  
Trans. ID:

616012  
ME0093034911

QuickBooks Trans. No:  
Merchant No.: 5247710000930545

Thank you for your business

CUSTOMER COPY

BKC-00028

0900904900

P.01/01

## TRANSACTION REPORT

FEB/06/2012/MON 09:07 AM

FAX(TX)

#	DATE	START T.	RECEIVER	COM.TIME	PAGE	TYPE/NOTE	FILE
1	FEB/06	09:06AM	18888200583	0:00:40	1	MEMORY OK	ECM 4313